Health Care

UP-MEDICINE SPECIALTY CLINIC

Patient Name:	[redacted]
MRN:	
Financial #:	
Admit Date:	11/8/2022
Discharge Date:	11/8/2022
Patient Type:	Clinic
DOB/Age/Sex:	[redacted] Male
Attending:	Dandachi MD,Dima
Referring:	Referred,Self

Clinic Notes

DOCUMENT NAME: Infectious Disease IM Clinic Note
RESULT STATUS: Modified
SIGN INFORMATION: Dandachi MD,Dima (11/15/2022 11:41 CST); Dandachi MD, Dima (11/15/2022 11:41 CST); Escovar MD,Javier (11/8/2022 10:46 CST)

Chief Complaint
follow up

History of Present Illness
38-year-old male coming for follow-up of HIV. Feeling well, no acute complaints at this time. Is on Biktarvy and Bactrim. 7 days missed doses of Biktarvy in the last 30 days. Zero missed doses of Bactrim. Viral load UD ,8/2022. CD4 count 266 ,8/2022. Tolerating medication well. No adverse effects. Is sexually inactive. Denies current drug use.

Review of Systems
14 point ROS negative unless otherwise specified

Physical Exam

Vitals & Measurements
HR: 71 **BP:** 139/86 **SpO2:** 98%
HT: 182 cm **WT:** 82.9 kg **BMI:** 25

Gen: Calm, cooperative. NAD.
Skin: No pathologic lesions
HEENT: EOMI, PERRLA, no rhinorrhea, conjunctival injection or suffusion
Pulm: CTA B/L. No Rhonchi, wheezes, or rales.
Cardio: RRR, Regular S1/S2, no rubs murmurs or gallops
Vasc: +2 pulses PT/DP. No edema
GI: Soft, NT, ND, BS+, no rebound or guarding
Neuro: AOx3, responds to questions appropriately
MSK: 5/5 strength U/LE B/L

Assessment/Plan
37 yr old M patient presenting to HIV clinic for follow up

HIV/AIDs subtype group B
- Year of Dx 1/2022 HIV mode of transmission: MSM
- VL UD 8/2022
- CD4 266 8/2022
- Current ART Biktarvy 5/27/2022 - P ,
- Missed 7 doses reportedly due to prison unable to obtain meds, no reported SE
- Prophylaxis: Bactrim 5/27/2022 - P
- ART genotype 5/24/2022 wild type

Problem List/Past Medical History
Ongoing
No qualifying data
Historical
No qualifying data

Medications
Bactrim DS 800 mg-160 mg oral tablet, 1 Tablet(s), Oral, Daily, 1 refills
Biktarvy 50 mg-200 mg-25 mg oral tablet, 1 Tablet(s), Oral, Daily, 6 refills
Biktarvy 50 mg-200 mg-25 mg oral tablet, 1 Tablet(s), Oral, Daily, 5 refills

Allergies
NKA

Social History
Smoking Status
Current every day smoker

Family History
Denied family history of heart disease

Immunizations

Vaccine	Date	Status
meningococcal conjugate Vaccine	08/09/2022	Given
zoster vaccine, inactivated	08/09/2022	Given
pneumococcal 20-valent conjugate vaccine	05/24/2022	Given
meningococcal conjugate Vaccine	05/24/2022	Given

Clinic Notes

- HLA B5701 negative

Screening and health maintenance
- Hx of OI n/a
- Quantiferon negative (CD4 124)
- GC NAAT negative x3
- Syphilis screening negative
- AFB blood Cx negative
- Tdap booster pending
- Hep A nonimmune: today
- Hep B : immune by exposure Hep B s Ab and c Ab +. s Ag negative
- Hep C negative 5/2022
- PCV 20 5/2022
- Menactra (MenACWY-DT) x2 8/2022
- HPV today
- Shingrix x2 8/2022
- Flu vaccine 11/2022, patient reported
- COVID-19 x 3

Plan
- Labs will check today: CBC, CMP, VL ,CD4, QFN (now that CD4 has recovered), Lipid panel
- Immunization: HPV, Hep A
- Continue Biktarvy and Bactrim
- Communicate results to RN (?) as office hill is on medical leave. 660-827-0056 ext 2?

2. Substance use
Previously reported Methamphetamine IV use and Cocaine
Today denies any past history of use despite reporting use last visit

3. Hx of gonorrhea s/p treatment
- Negative oral and rectal

Staffed with Dr. Dandachi

RTC pending VL, if unremarkable 3 months

Vaccine	Date	Status
zoster vaccine, inactivated	05/24/2022	Given
SARS-CoV-2 (COVID-19) mRNA BNT-162b2 vax	01/11/2022	Recorded
SARS-CoV-2 (COVID-19) mRNA BNT-162b2 vax	04/22/2021	Recorded
SARS-CoV-2 (COVID-19) mRNA BNT-162b2 vax	04/01/2021	Recorded
pneumococcal 23-valent vaccine	-	Not Given
tetanus-diphtheria toxoids	08/12/1999	Recorded
measles/mumps /rubella virus vaccine	10/04/1990	Recorded
poliovirus vaccine live trivalent	11/17/1989	Recorded
poliovirus vaccine live trivalent	01/16/1987	Recorded
DTP (old vaccine)*	12/19/1986	Recorded
poliovirus vaccine live trivalent	02/20/1986	Recorded
DTP (old vaccine)*	02/20/1986	Recorded
measles/mumps /rubella virus vaccine	10/10/1985	Recorded
poliovirus vaccine live trivalent	01/25/1985	Recorded
DTP (old vaccine)*	01/25/1985	Recorded
poliovirus vaccine live trivalent	11/23/1984	Recorded

Clinic Notes

Vaccine	Date	Status
DTP (old vaccine)*	11/23/1984	Recorded
poliovirus vaccine live trivalent	09/14/1984	Recorded
DTP (old vaccine)*	09/14/1984	Recorded

Visit Information

Attending Provider: Attending Default
Referring Provider: Self Referred
Original Referring Provider: Self Referred
Primary Care Provider: Deedee E Gilmore FNP
Visit Date: 11/08/2022

Addendum by Dandachi MD, Dima on November 15, 2022 11:41:47 CST
I personally saw and evaluated the patient on the date found in the header of this document. I reviewed the history, physical, labs, micro, medications, and imaging studies. I have discussed the management of the patient with the author of this document and I agree with the findings and plan as documented above.

Dima Dandachi, MD, MPH
Assistant Professor of Clinical Medicine
Division of Infectious Diseases
University of Missouri-Columbia

Patient Name: [redacted]
MRN:
Financial #:
Admit Date: 11/8/2022
Discharge Date: 11/8/2022

General Lab Results

Hematology

Collected Date 11/8/2022
Collected Time 10:24 CST

Procedure		Units	Reference Range
WBC	4.76 *1	x10(9)/L	[3.50-10.50]
RBC	4.46 *1	x10(12)/L	[4.32-5.72]
HGB	14.0 *1	g/dL	[13.5-17.5]
HCT	41.2 *1	%	[38.8-50.0]
MCV	92.4 *1	fL	[81.2-95.1]
MCH	31.4 *1	pg	[26.0-33.0]
MCHC	34.0 *1	g/dL	[32.0-36.0]
RDW SD	**46.1** H *1	fL	[35.1-43.9]
RDW CV	13.6 *1	%	[11.8-15.6]
PLT	223 *1	x10(9)/L	[150-450]
MPV	10.1 *1		[8.0-12.0]
% Neutrophils	43.2 O1 *1	%	
Absolute Granulocytes	2.05 O1 *1	x10(9)/L	[1.70-7.00]
% Immature Granulocytes	.40 O1 i1 *1	%	[0.02-0.42]
Abs Immature Granulocytes	0.02 O1 i1 *1	x10(9)/L	[0.00-0.03]
% Lymphocytes	36.3 O1 *1	%	
Abs Lymphocytes	1.73 O1 *1	x10(9)/L	[0.90-2.90]
% Monocytes	13.0 O1 *1	%	
Abs Monocytes	0.62 O1 *1	x10(9)/L	[0.30-0.90]
% Eosinophils	6.7 O1 *1	%	
Abs Eosinophils	0.32 O1 *1	x10(9)/L	[0.05-0.50]
% Basophils	0.4 O1 *1	%	
Abs Basophils	0.02 O1 *1	x10(9)/L	[0.00-0.30]
% Nucleated RBCs	0.0 *1	%	
Absolute Nucleated RBCs	0.0 i2 *1	x10(9)/L	[0.0-0.0]

Order Comments
O1: Auto differential (Auto diff)
Added by Discern rule.

Interpretive Data
i1: % Immature Granulocytes, Abs Immature Granulocytes

Add'l Patient Type	%IG	IG 10^9/L
Pregnancy: 1st Trimester	0.04 - 0.92	0.003 - 0.091
2nd Trimester	0.10 - 2.00	0.007 - 0.247
3rd Trimester	0.20 - 3.80	0.018 - 0.456

LEGEND: @-Abnormal, c-Corrected, C-Critical, L-Low, H-High, i-Interp Data, R-Result Comment, *-Performing Loc

If you have any questions or concerns regarding this documentation, please call (573) 882-3170.

General Lab Results

Hematology

Interpretive Data
i2: Absolute Nucleated RBCs
Normal values not established in patients less than 18 years old.

Chemistry

Procedure	Collected Date 11/8/2022 Collected Time 10:24 CST	Units	Reference Range
Sodium	140 *1	mmol/L	[136-145]
Potassium	3.8 *1	mmol/L	[3.5-5.1]
Chloride	105 *1	mmol/L	[98-107]
CO2	25 *1	mmol/L	[22-29]
Anion gap	14 *1	mmol/L	[0-20]
Glucose Lvl	87 *1	mg/dL	[70-139]
BUN	15 *1	mg/dL	[6-20]
Creatinine,standardized	1.20 *1	mg/dL	[0.70-1.20]
Estimated GFR for Adults	**79** L R1 I3 *1	mL/min/1.73m²	[>=90]
Estimated GFR for peds	Not calculated I4 *1	mL/min/1.73m²	[>=90.00]
Calcium	9.1 *1	mg/dL	[8.6-10.2]
Total Protein	7.8 *1	g/dL	[6.6-8.7]
Albumin	4.6 *1	g/dL	[3.5-5.2]
T Bili	0.21 *1	mg/dL	[0.00-1.60]
Alkaline Phosphatase	92 I5 *1	units/L	[40-129]
AST-SGOT	23 *1	units/L	[<=40]
ALT-SGPT	28 *1	units/L	[10-50]
Cholesterol	157 *1	mg/dL	[0-200]
HDL Cholesterol	**38** L I6 *1	mg/dL	[40-60]
Cholesterol HDL Ratio	4.1 I7 *1		[<=4.9]
LDL (Calculated)	92 I8 *1	mg/dL	[0-129]
Triglycerides	135 I9 *1	mg/dL	[0-150]
(M TB) NIL value	0.527 *2	IU/mL	
(M TB) Mitogen	>10.000 *2	IU/mL	
(M TB) Antigen1-NIL value	-0.039 *2	IU/mL	
(M TB) Antigen2-NIL Value	-0.043 *2	IU/mL	
(M TB) Mitogen-NIL value	>9.473 *2	IU/mL	
(M TB) QFT-Plus by EIA	Negative I10 *2		
TB1 Antigen	0.488 *2	IU/mL	
TB2 Antigen	0.484 *2	IU/mL	

LEGEND: @-Abnormal, c-Corrected, C-Critical, L-Low, H-High, i-Interp Data, R-Result Comment, *-Performing Loc

General Lab Results

Chemistry

Result Comments

R1: Estimated GFR for Adults
The eGFR was estimated using the CKD-EPI equation. The National Kidney Foundation recommends that all clinical labs utilize this equation: Levey AS, Stevens LA, Schmid CH, et al. A new equation to estimate glomerular filtration rate. Ann Intern Med. 2009;150(9):604-612.

For calculation reference see https://www.kidney.org/professionals/kdoqi/gfr_calculator

Interpretive Data

i3: Estimated GFR for Adults
Changed to CKD-EPI 2021 on Nov. 18th, 2021.

i4: Estimated GFR for peds
The estimated GFR was calculated using the "Bedside Schwartz equation (2009)".
Reference: Pediatric GFR calculator at National Kidney Foundation Website.

i5: Alkaline Phosphatase
Normal range for plasma alkaline phosphatase in females 20 years or older:

35-104 U/L according to manufacturer's instructions

35-129 U/L according to data analysis on adult females who presented to MUHC in 2022 without a significant diagnosis

Clinical judgement is advised.

i6: HDL Cholesterol

HDL Cholesterol Level mg/dL	**Category**
Less than 40(for Men) Less than 50 (for Women)	Low HDL cholesterol. A major risk factor for heart disease.
60 and above	High HDL cholesterol. An HDL of 60 mg/dL and above is considered protective against heart disease.

National Cholesterol Education Program
NHLBI Health Information Network
P.O. Box 30105
Bethesda MD 20824-0105
http:www.nhlbi.nih.gov

i7: Cholesterol HDL Ratio
The cholesterol HDL ratio is the best overall predictor of heart disease.
-Less than 5 is normal
-From 5 to 9 there is increasing risk

General Lab Results

Chemistry

Interpretive Data

i7: Cholesterol HDL Ratio

-Higher than 9 is high risk. A ratio higher than 9 will often require prescription medication to help prevent heart disease.

See http://fcm-algo.umh.edu/Algorithms/Lipid.htm for more information.

i8: LDL (Calculated)

LDL Cholesterol Level mg/dL	Category
Less than 100	Optimal
100 to 129	Near or above optimal
130 to 159	Borderline high
160 to 189	High
190 and above	Very High

Note: "Values < 80 mg/dL may indicate hypobetalipoproteinemia, if not on Statin therapy."

Reference: ATP III Guidelines, http://fcm-algo.umh.edu/Algorithms/Lipid.htm
National Cholesterol Education Program
NHLBI Health Information Network
P.O. Box 30105
Bethesda MD 20824-0105
http:www.nhlbi.nih.gov

Footnote: Depending on cardiac risk factors, age, and sex, UHC Cardiology prefers:

<75 mg/dl optimal
<100 mg/dl desirable

i9: Triglycerides

Less than 150	Normal
150 - 199	Borderline high
200 - 499	High
500 and above	Very high

General Lab Results

Chemistry

Interpretive Data
i9: Triglycerides

National Cholesterol Education Program
NHLBI Health Information Network
P.O. Box 30105
Bethesda, MD 20824 - 0105
http://www.nhlbi,nih.gov

i10: (M TB) QFT-Plus by EIA

QFT-Plus is an indirect test for M. tuberculosis infection.
See general guidance on the diagnosis and treatment of TB disease and LTBI (https://www.cdc.gov/tb/publications/guidelines/default.htm).
Mycobacterium Tuberculosis by ELISA results are interpreted using the following criteria:

Nil (IU/mL)	TB1 minus Nil	TB2 minus Nil	Mitogen minus Nil (IU/mL	QFT-Plus Result	Interpretation
<=8.0	>= 0.35 and >= 25% of Nil	Any	Any	Positive	M. tuberculosis infection likely
<=8.0	Any	>= 0.35 and >= 25% of Nil	Any	Positive	M. tuberculosis infection likely
<=8.0	< 0.35 or >= 0.35 and >= 25% of Nil	< 0.35 or >= 0.35 and >= 25% of Nil	>=0.50	Negative	M. tuberculosis infection NOT likely
<=8.0	< 0.35 or >= 0.35 and >= 25% of Nil	< 0.35 or >= 0.35 and >= 25% of Nil	<0.50	Indeterminate	Likelihood of M. tuberculosis infection cannot be determined
>8.0	Any	Any	Any	Indeterminate	Likelihood of M. tuberculosis infection cannot be determined

Reference Range: (Negative) Non-Responsive to ESAT-6, CFP-10 and/or TB7.7 antigens.

Patient Name: [redacted]
MRN:
Financial #:
Admit Date: 11/8/2022
Discharge Date: 11/8/2022

General Lab Results

Chemistry

Interpretive Data
i10: (M TB) QFT-Plus by EIA
Results from QFT-Plus testing must be used in conjunction with each individual's epidemiological history, current medical status, and other diagnostic evaluations.
The performance of the USA format of the QFT-Plus test has not been extensively evaluated with specimens from the following groups of individuals:
-Pregnant women
-Individuals younger than age 17 years
-Individuals who have impaired or altered immune functions.
Performed on DiaSorin Liaison XL.

Molecular Pathology

Collected Date 11/8/2022
Collected Time 10:24 CST

Procedure		Units	Reference Range
HIV-1 Quant	<30 *2	copies/mL	
HIV-1 Log10	<1.47 *2	log10	
HIV-1 Reflex Testing Ordered	No *2		

Performing Locations
*1: This test was performed at:
University of Missouri Health Care, University Hospital, Laboratory, 1 Hospital Dr., Columbia, MO, 65212- , US, 573-882-1400
*2: This test was performed at:
APG Lab, A. P. Green Bldg, 201 Business Loop 70W, Columbia, MO, 65203- , US

LAB- Flow Cytometry

Procedure	Collected Date 11/8/2022
% CD3 T Cells	68.6 *1
% CD4 T Helper Cells	**13.4** L *1
% CD8 T Suppressor Cells	**50.6** H *1
CD3 T Cells	1287.0 *1
CD4 T Helper Cells	**250.0** L *1
CD8 T Suppressor Cells	**949.00** H *1
CD4/CD8 Ratio (Help/Suppr)	**0.26** L *1
Flow Cytometry Compliance Comment	See Comment i11 *1

Interpretive Data

i11: Flow Cytometry Compliance Comment
Analyte Specific Reagent: This test was developed and its performance characteristics determined by the Clinical Flow Cytometry Laboratory, UMHC-Integrated Central Pathology Labs, University of Missouri Health Care. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance is not necessary. This test is used for clinical purposes, and should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendment of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing.

Performing Locations

*1: This test was performed at:
University of Missouri Health Care, University Hospital, Laboratory, 1 Hospital Dr., Columbia, MO, 65212- , US, 573-882-1400